

Best Available Copy

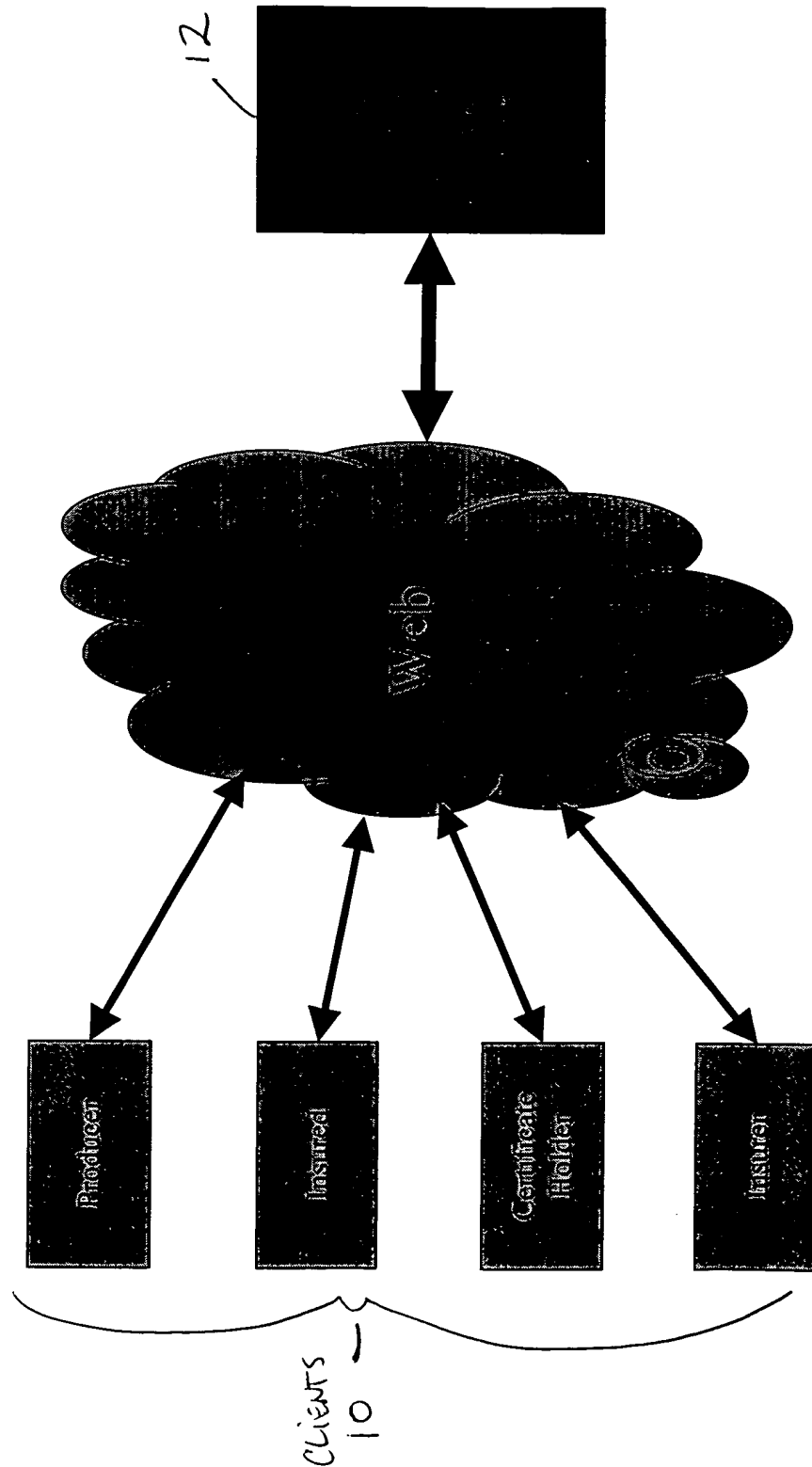


FIGURE 1

ORDER OF SCREENS

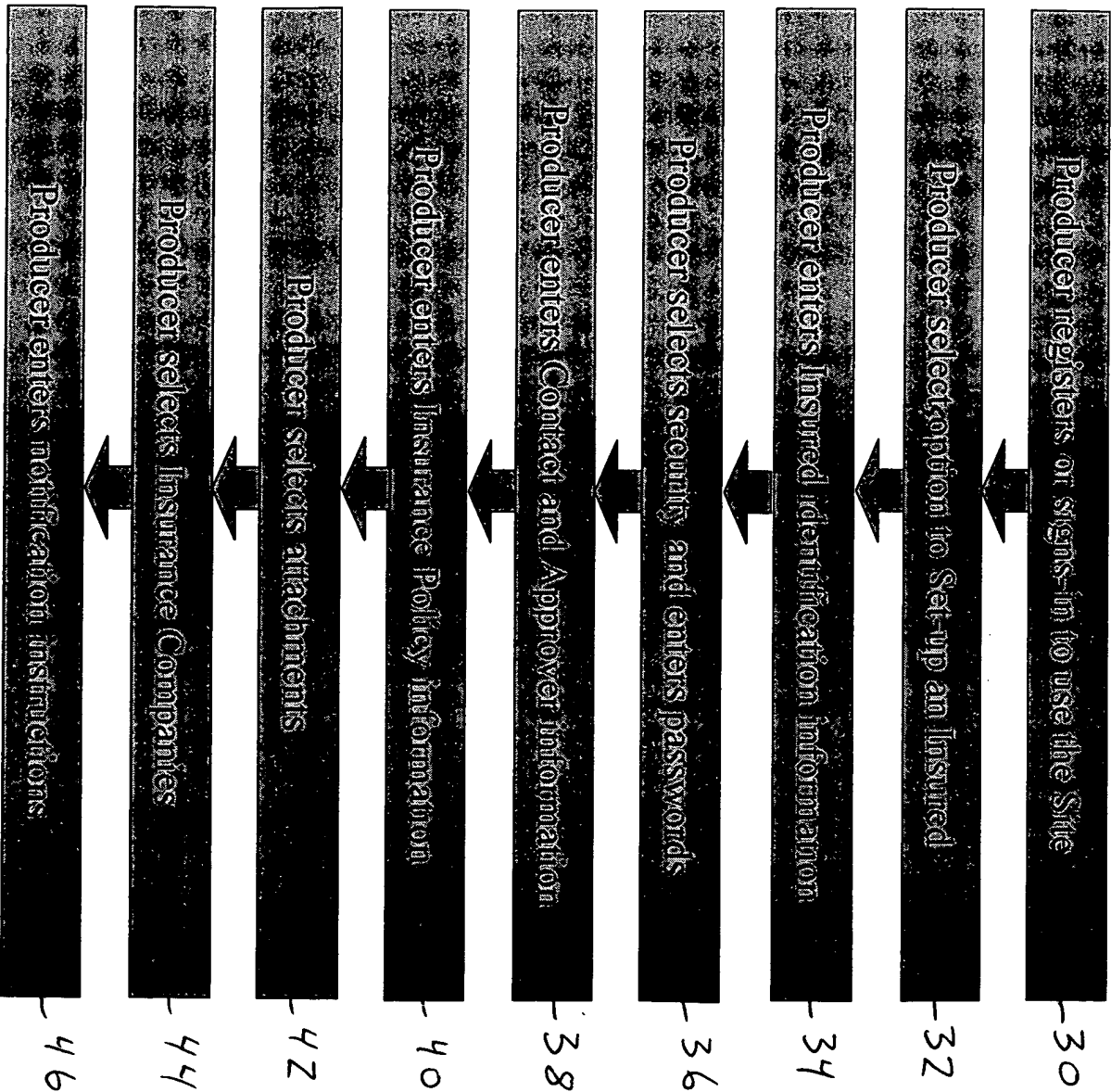


FIGURE 2

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00000000000000000000

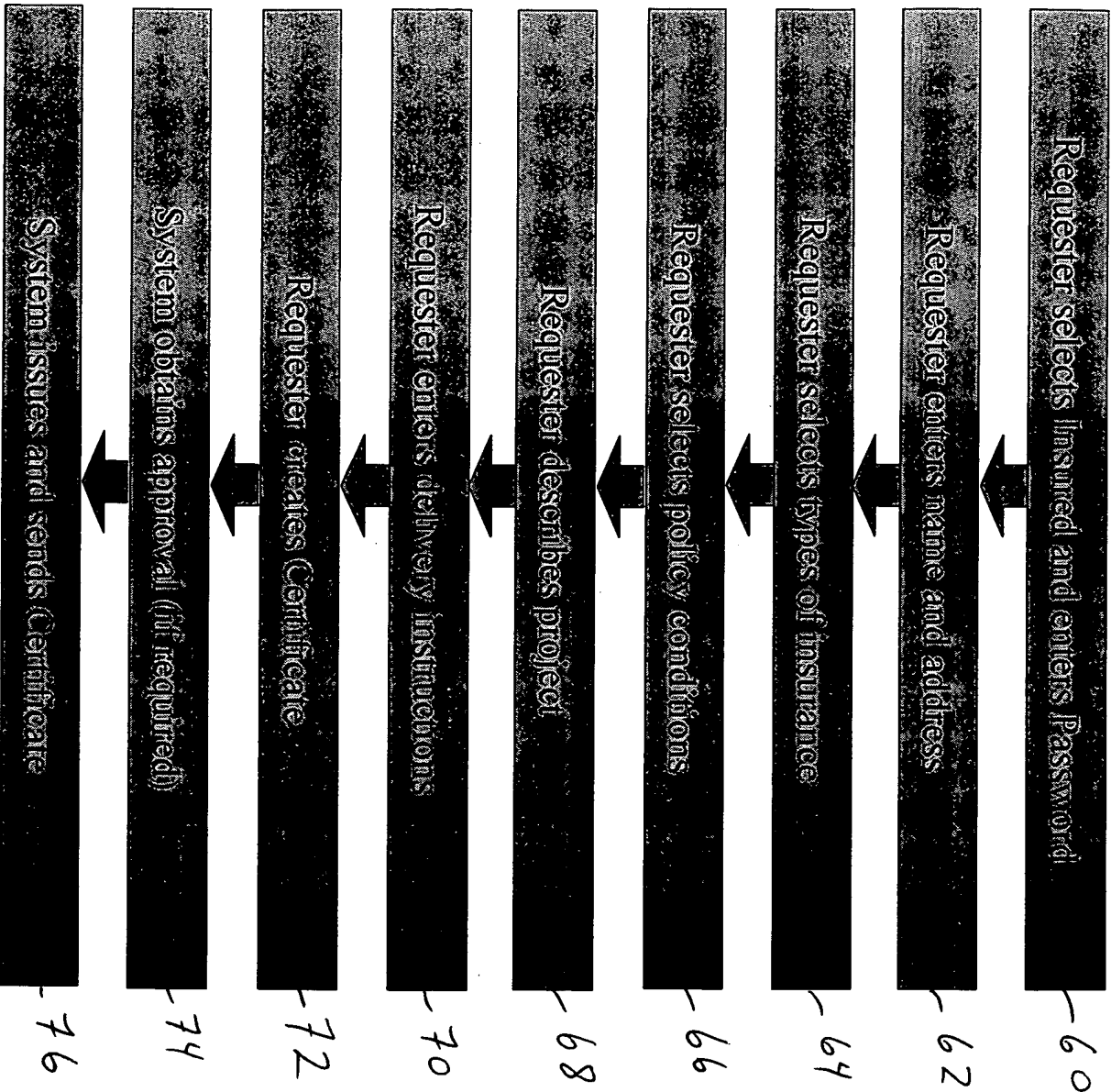


FIGURE 3

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00000000000000000000

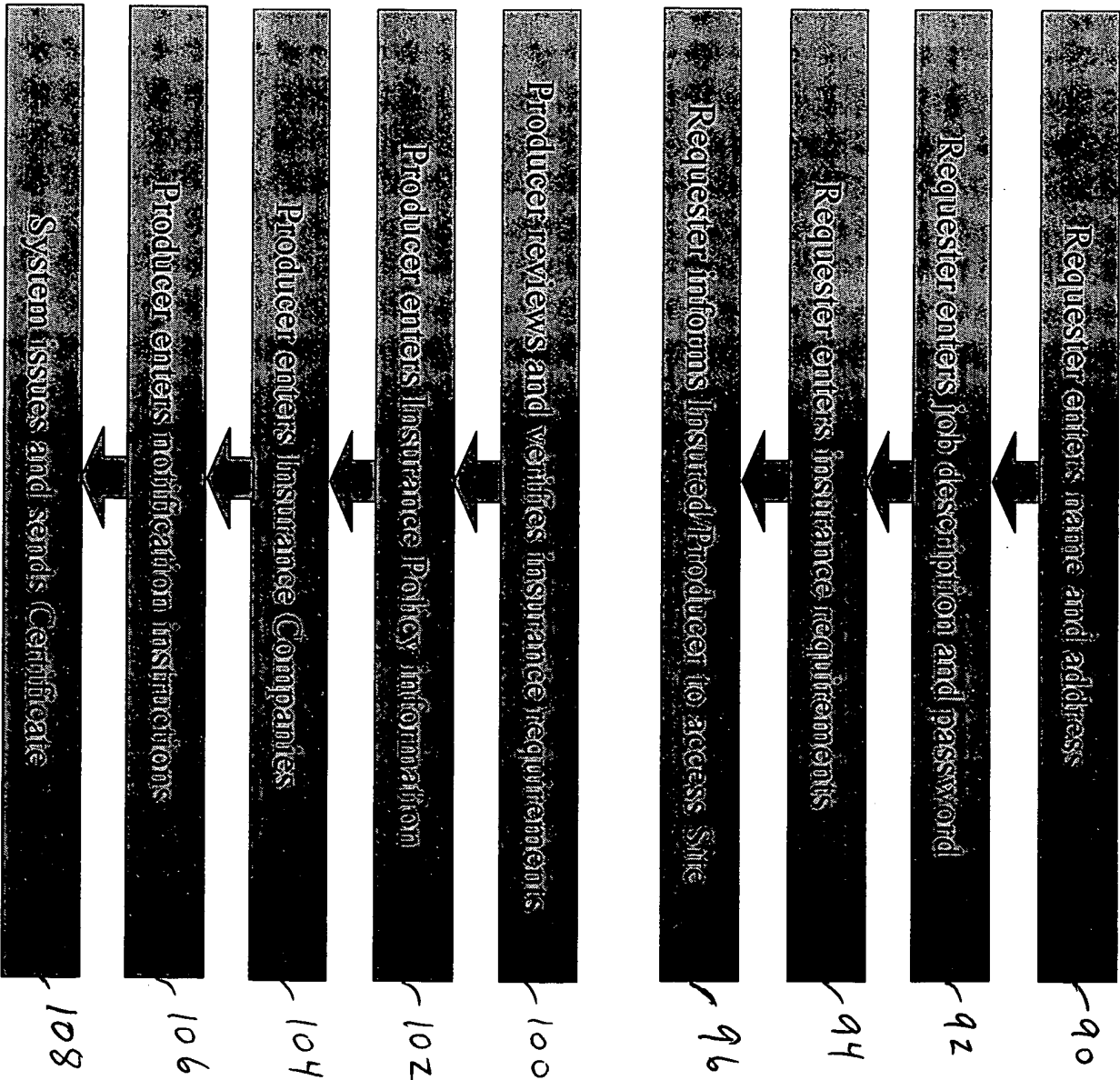


FIGURE 4

Producer Sign In

[Click here if you are creating a new account.](#)

-154

Or, if you have an account, please enter your user ID and password, below.

User ID:

-150

Password:

-152

[Cancel \(Home Page\)](#)

[Sign In](#)

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FIGURE 5

Producer Options
Select an option below:

162

Certificate reprint

Create attachment

Password maintenance

160

$\frac{d}{dt} \left(\frac{\partial L}{\partial \dot{x}} \right) = \frac{\partial L}{\partial x}$

FIGURE 6

Help

Producer:

Set-up Insured

Name:

Holding company: ▼

Address 1:

Address 2:

City:

State/Province: ▼ Zip/Postal:

Country:

Contact (First name): (Last name):

Phone: Fax:

E-mail:

Enter the minimum and maximum number of days of cancellation allowed to notify the Certificate Holder.

minimum maximum

- ☒ Allow the removal of the words 'Endeavor To' from the cancellation clause.
- ☐ Allow inclusion of attachments with this Insured's certificates.

FIGURE 7

180
↓

There are four levels of security to be selected. For Insureds with a large volume of certificates, we strongly recommend the first level be selected for general certificates. You can select an alternative level later for more sophisticated certificates. The levels are:

182 → ☒ **Unsecured and open to the general public.** This is for an Insured with a large volume of certificates and certificates that are routine and do not convey any or limited rights to the Certificate Holder.

184 → ☐ **Password required to enter the system.** Either the Producer or Insured will provide the password to the Certificate Holder. Enter this password in the first password field, below.

186 → ☐ **Approval required.** No password required, but the Certificate Holder will not receive the certificate until it is approved by either the first or second contact, as established below. After the Certificate Holder enters the information, the system will e-mail the contacts for approval.

188 → ☐ **Password and approval required.**

190 → Enter a password that the Insured and Broker will provide to someone who requests a certificate:

192 → Enter a different password to be used only by the Producer to produce unique certificates:

Enter a different password to be used only by the Insured to obtain reports:

194
↙

FIGURE 8

210
↙

The contacts below are typically Producer contacts. Some may want the Certificate Holder to call or e-mail the Insured and if so, Insured contacts are also acceptable. They will be displayed on the screen when the Certificate Holder uses Certificate Exchange should the Certificate Holder have a question. They will also be used in the approval process if security option 3 or 4 (above) is selected.

First Contact 212**Second Contact 214**

Name

--

E-mail

--

Phone

--

Fax

--

- ☐ Display name in the Producer's box on the printed certificate.
- ☐ Display name in the Insured's box on the printed certificate.
- ☒ Do not display this name.

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FIGURE 9

Insured:

Set-up Insured, Policy Data

220

General Liability 222

- ☒ Commercial General Liability
☒ Occurrence
☐ Claims Made
☐ Owners' and Contractors' Protection
☐
☐

General Aggregate Limit applies per:

☒ Policy ☐ Project ☐ Location ☐ None

Policy number

Effective (mm/dd/yyyy)

Expiration (mm/dd/yyyy)

Each occurrence

1,000,000

Fire damage

Medical expense

Personal and advertising agg.

1,000,000

General aggregate

1,000,000

Products and comp. oper agg.

1,000,000

The system has preferred wording for General Liability Additional Insureds; however, it can be overridden. The preferred wording is: ABC Corporation (the Certificate Holder) is added as an Additional Insured for General Liability, but only with respect to operations performed on their behalf and due to the negligence of XYZ Corporation (the Insured).

Enter wording to override the preferred wording. Please keep in mind the sentence begins with the Certificate Holder and ends with the Insured.

is added as an Additional Insured for General Liability, but only with respect to operations performed on their behalf and due to the negligence of

224

Approval Required. All of the check boxes will, when checked, put a hold on issuing the certificate. After the Certificate Holder enters the information the certificate will be emailed to the contacts previous entered, for approval.

- ☐ Allow Certificate Holders to be added as Additional Insured
☐ Approval Required

226

- ☐ Allow Lessors to be added as Additional Insured
☐ Approval Required

228

- ☐ Allow Vendors to be added as Additional Insured
☐ Approval Required
☐ Broad Form ☐ Limited Form ☐ Not Specified ☒ None

230

Automobile 234

- ☐ Any Automobile
☐ All Owned Automobiles
☐ Scheduled Automobiles
☐ Hired Automobiles
☐ Non-owned Automobiles

☐

Policy number	<input type="text"/>	Combined Single Limit	<input type="text" value="1,000,000"/>
Effective (mm/dd/yyyy)	<input type="text"/>	Bodily Injury (per person)	<input type="text"/>
Expiration (mm/dd/yyyy)	<input type="text"/>	Bodily Injury (per accident)	<input type="text"/>
		Property Damage	<input type="text"/>
Comprehensive	<input type="text"/>		<input type="text"/>
Collision	<input type="text"/>		<input type="text"/>

- ☐ Allow Additional Insureds
☐ Allow Loss Payees
☐ Approval Required

237
Workers' Compensation236

Policy number	<input type="text"/>	WC Statutory Limit <input checked="" type="radio"/>	Other <input type="radio"/>
Effective (mm/dd/yyyy)	<input type="text"/>	EL Each Accident	<input type="text" value="100,000"/>
Expiration (mm/dd/yyyy)	<input type="text"/>	EL Disease (Each Employee)	<input type="text" value="100,000"/>
		EL Disease (Policy Limit)	<input type="text" value="100,000"/>

Excess or Umbrella238

- ☐ Occurrence
☐ Claims Made

Retention/Deductible

Policy number	<input type="text"/>	Each Occurrence	<input type="text"/>
Effective (mm/dd/yyyy)	<input type="text"/>	Aggregate	<input type="text"/>
Expiration (mm/dd/yyyy)	<input type="text"/>		

FIGURE 11

Other

Unlike other certificate programs, Certificate Exchange allows you to permanently add any line of insurance and it becomes part of the certificate. The type of insurance could be Property, Crime, Professional Liability, D & O, E & O, Motor Truck Cargo, etc. The Description is additional information about the type of insurance, such as "All Risk of physical loss including Boiler and Machinery." The limit descriptions can also be entered such as "Per Occurrence" and "Aggregate."

Type of insurance:

 252

Further information about the type of insurance:

254 →

Policy number

Effective (mm/dd/yyyy)

Expiration (mm/dd/yyyy)

Description

Limit

Description	Limit
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

- ☐ Allow Additional Insureds
☐ Allow Loss Payees
☐ Allow Mortgagee
☐ Approval Required

} ← 253

Remarks

Enter text to appear in the Remarks text box on the certificate. Any text inserted here will appear on every certificate and can only be overridden if a certificate is issued using the Special Certificate function.

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 ↖

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FIGURE 12

Insured:

Set-up Insured, Insurance Companies

In order to facilitate entry of Insurance Companies, the program builds a database of Insurers for each Producer. Once the database is established, you need only click on the drop down arrow and select an Insurer. This may appear cumbersome in the beginning, but it will greatly speed up data entry once you establish your own Producer's list.

To select an Insurer not on your Producer's list, type in the first few letters of the Insurer's name in the small field and click on "Search". Then click on the Insurer you desire.

To add an Insurer not on the master list (above paragraph), type a "+" sign into the small field and click on "Search". Then place the cursor on the larger field and type in the name of the Insurer. To ensure data integrity, this should only be used after performing a careful search of the master list.

		Gen. Liab.	Auto	WC	Excess	Other
First Insurer	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Second Insurer	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Third Insurer	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fourth Insurer	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fifth Insurer	<input type="text"/> <input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Search

Cancel (Home Page)

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Next >

Help

Insured:

Set-up Insured, Notification Instructions

Certificate Exchange will automatically e-mail certificates to individuals as listed below. There are 3 notification choices: Instant Notification (sent when they are requested by the Certificate Holders), Monthly Report, and Quarterly Report. If the Insurance Companies you selected require notification, please first enter the name and e-mail address of the underwriter who should receive certificates.

Contact Name		E-mail	
Continental Casualty Company			

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		Individual Notification	Monthly Report	Quarterly Report	None
Producer		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Insured		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
First Contact	Dave Dagg	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Second Contact		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
First Insurer	Continental Casualty Company	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Second Insurer		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Third Insurer		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fourth Insurer		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
Fifth Insurer		<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>

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Cancel (Home Page)

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Finish

FIGURE 14

-302

Insured: _____

If you know the password for accessing this Insured, please enter it here. If you do not know the password, leave it blank, press "Start >" and you will be given instructions on the next screen.

Password: -304

If you have used this system to retrieve certificates in the past, please enter your e-mail address here so that we can more easily identify you. (Do not enter your e-mail address if you have not used the system before.)

E-mail: _____

When you have finished, please click on the "Start >" button, below.

Start >

U ⁽¹⁾	U ⁽²⁾	U ⁽³⁾	U ⁽⁴⁾	U ⁽⁵⁾	U ⁽⁶⁾	U ⁽⁷⁾	U ⁽⁸⁾	U ⁽⁹⁾	U ⁽¹⁰⁾	U ⁽¹¹⁾	U ⁽¹²⁾	U ⁽¹³⁾	U ⁽¹⁴⁾	U ⁽¹⁵⁾	U ⁽¹⁶⁾	U ⁽¹⁷⁾	U ⁽¹⁸⁾	U ⁽¹⁹⁾	U ⁽²⁰⁾	U ⁽²¹⁾	U ⁽²²⁾	U ⁽²³⁾	U ⁽²⁴⁾	U ⁽²⁵⁾	U ⁽²⁶⁾	U ⁽²⁷⁾	U ⁽²⁸⁾	U ⁽²⁹⁾	U ⁽³⁰⁾	U ⁽³¹⁾	U ⁽³²⁾	U ⁽³³⁾	U ⁽³⁴⁾	U ⁽³⁵⁾	U ⁽³⁶⁾	U ⁽³⁷⁾	U ⁽³⁸⁾	U ⁽³⁹⁾	U ⁽⁴⁰⁾	U ⁽⁴¹⁾	U ⁽⁴²⁾	U ⁽⁴³⁾	U ⁽⁴⁴⁾	U ⁽⁴⁵⁾	U ⁽⁴⁶⁾	U ⁽⁴⁷⁾	U ⁽⁴⁸⁾	U ⁽⁴⁹⁾	U ⁽⁵⁰⁾	U ⁽⁵¹⁾	U ⁽⁵²⁾	U ⁽⁵³⁾	U ⁽⁵⁴⁾	U ⁽⁵⁵⁾	U ⁽⁵⁶⁾	U ⁽⁵⁷⁾	U ⁽⁵⁸⁾	U ⁽⁵⁹⁾	U ⁽⁶⁰⁾	U ⁽⁶¹⁾	U ⁽⁶²⁾	U ⁽⁶³⁾	U ⁽⁶⁴⁾	U ⁽⁶⁵⁾	U ⁽⁶⁶⁾	U ⁽⁶⁷⁾	U ⁽⁶⁸⁾	U ⁽⁶⁹⁾	U ⁽⁷⁰⁾	U ⁽⁷¹⁾	U ⁽⁷²⁾	U ⁽⁷³⁾	U ⁽⁷⁴⁾	U ⁽⁷⁵⁾	U ⁽⁷⁶⁾	U ⁽⁷⁷⁾	U ⁽⁷⁸⁾	U ⁽⁷⁹⁾	U ⁽⁸⁰⁾	U ⁽⁸¹⁾	U ⁽⁸²⁾	U ⁽⁸³⁾	U ⁽⁸⁴⁾	U ⁽⁸⁵⁾	U ⁽⁸⁶⁾	U ⁽⁸⁷⁾	U ⁽⁸⁸⁾	U ⁽⁸⁹⁾	U ⁽⁹⁰⁾	U ⁽⁹¹⁾	U ⁽⁹²⁾	U ⁽⁹³⁾	U ⁽⁹⁴⁾	U ⁽⁹⁵⁾	U ⁽⁹⁶⁾	U ⁽⁹⁷⁾	U ⁽⁹⁸⁾	U ⁽⁹⁹⁾	U ⁽¹⁰⁰⁾	U ⁽¹⁰¹⁾	U ⁽¹⁰²⁾	U ⁽¹⁰³⁾	U ⁽¹⁰⁴⁾	U ⁽¹⁰⁵⁾	U ⁽¹⁰⁶⁾	U ⁽¹⁰⁷⁾	U ⁽¹⁰⁸⁾	U ⁽¹⁰⁹⁾	U ⁽¹¹⁰⁾	U ⁽¹¹¹⁾	U ⁽¹¹²⁾	U ⁽¹¹³⁾	U ⁽¹¹⁴⁾	U ⁽¹¹⁵⁾	U ⁽¹¹⁶⁾	U ⁽¹¹⁷⁾	U ⁽¹¹⁸⁾	U ⁽¹¹⁹⁾	U ⁽¹²⁰⁾	U ⁽¹²¹⁾	U ⁽¹²²⁾	U ⁽¹²³⁾	U ⁽¹²⁴⁾	U ⁽¹²⁵⁾	U ⁽¹²⁶⁾	U ⁽¹²⁷⁾	U ⁽¹²⁸⁾	U ⁽¹²⁹⁾	U ⁽¹³⁰⁾	U ⁽¹³¹⁾	U ⁽¹³²⁾	U ⁽¹³³⁾	U ⁽¹³⁴⁾	U ⁽¹³⁵⁾	U ⁽¹³⁶⁾	U ⁽¹³⁷⁾	U ⁽¹³⁸⁾	U ⁽¹³⁹⁾	U ⁽¹⁴⁰⁾	U ⁽¹⁴¹⁾	U ⁽¹⁴²⁾	U ⁽¹⁴³⁾	U ⁽¹⁴⁴⁾	U ⁽¹⁴⁵⁾	U ⁽¹⁴⁶⁾	U ⁽¹⁴⁷⁾	U ⁽¹⁴⁸⁾	U ⁽¹⁴⁹⁾	U ⁽¹⁵⁰⁾	U ⁽¹⁵¹⁾	U ⁽¹⁵²⁾	U ⁽¹⁵³⁾	U ⁽¹⁵⁴⁾	U ⁽¹⁵⁵⁾	U ⁽¹⁵⁶⁾	U ⁽¹⁵⁷⁾	U ⁽¹⁵⁸⁾	U ⁽¹⁵⁹⁾	U ⁽¹⁶⁰⁾	U ⁽¹⁶¹⁾	U ⁽¹⁶²⁾	U ⁽¹⁶³⁾	U ⁽¹⁶⁴⁾	U ⁽¹⁶⁵⁾	U ⁽¹⁶⁶⁾	U ⁽¹⁶⁷⁾	U ⁽¹⁶⁸⁾	U ⁽¹⁶⁹⁾	U ⁽¹⁷⁰⁾	U ⁽¹⁷¹⁾	U ⁽¹⁷²⁾	U ⁽¹⁷³⁾	U ⁽¹⁷⁴⁾	U ⁽¹⁷⁵⁾	U ⁽¹⁷⁶⁾	U ⁽¹⁷⁷⁾	U ⁽¹⁷⁸⁾	U ⁽¹⁷⁹⁾	U ⁽¹⁸⁰⁾	U ⁽¹⁸¹⁾	U ⁽¹⁸²⁾	U ⁽¹⁸³⁾	U ⁽¹⁸⁴⁾	U ⁽¹⁸⁵⁾	U ⁽¹⁸⁶⁾	U ⁽¹⁸⁷⁾	U ⁽¹⁸⁸⁾	U ⁽¹⁸⁹⁾	U ⁽¹⁹⁰⁾	U ⁽¹⁹¹⁾	U ⁽¹⁹²⁾	U ⁽¹⁹³⁾	U ⁽¹⁹⁴⁾	U ⁽¹⁹⁵⁾	U ⁽¹⁹⁶⁾	U ⁽¹⁹⁷⁾	U ⁽¹⁹⁸⁾	U ⁽¹⁹⁹⁾	U ⁽²⁰⁰⁾	U ⁽²⁰¹⁾	U ⁽²⁰²⁾	U ⁽²⁰³⁾	U ⁽²⁰⁴⁾	U ⁽²⁰⁵⁾	U ⁽²⁰⁶⁾	U ⁽²⁰⁷⁾	U ⁽²⁰⁸⁾	U ⁽²⁰⁹⁾	U ⁽²¹⁰⁾	U ⁽²¹¹⁾	U ⁽²¹²⁾	U ⁽²¹³⁾	U ⁽²¹⁴⁾	U ⁽²¹⁵⁾	U ⁽²¹⁶⁾	U ⁽²¹⁷⁾	U ⁽²¹⁸⁾	U ⁽²¹⁹⁾	U ⁽²²⁰⁾	U ⁽²²¹⁾	U ⁽²²²⁾	U ⁽²²³⁾	U ⁽²²⁴⁾	U ⁽²²⁵⁾	U ⁽²²⁶⁾	U ⁽²²⁷⁾	U ⁽²²⁸⁾	U ⁽²²⁹⁾	U ⁽²³⁰⁾	U ⁽²³¹⁾	U ⁽²³²⁾	U ⁽²³³⁾	U ⁽²³⁴⁾	U ⁽²³⁵⁾	U ⁽²³⁶⁾	U ⁽²³⁷⁾	U ⁽²³⁸⁾	U ⁽²³⁹⁾	U ⁽²⁴⁰⁾	U ⁽²⁴¹⁾	U ⁽²⁴²⁾	U ⁽²⁴³⁾	U ⁽²⁴⁴⁾	U ⁽²⁴⁵⁾	U ⁽²⁴⁶⁾	U ⁽²⁴⁷⁾	U ⁽²⁴⁸⁾	U ⁽²⁴⁹⁾	U ⁽²⁵⁰⁾	U ⁽²⁵¹⁾	U ⁽²⁵²⁾	U ⁽²⁵³⁾	U ⁽²⁵⁴⁾	U ⁽²⁵⁵⁾	U ⁽²⁵⁶⁾	U ⁽²⁵⁷⁾	U ⁽²⁵⁸⁾	U ⁽²⁵⁹⁾	U ⁽²⁶⁰⁾	U ⁽²⁶¹⁾	U ⁽²⁶²⁾	U ⁽²⁶³⁾	U ⁽²⁶⁴⁾	U ⁽²⁶⁵⁾	U ⁽²⁶⁶⁾	U ⁽²⁶⁷⁾	U ⁽²⁶⁸⁾	U ⁽²⁶⁹⁾	U ⁽²⁷⁰⁾	U ⁽²⁷¹⁾	U ⁽²⁷²⁾	U ⁽²⁷³⁾	U ⁽²⁷⁴⁾	U ⁽²⁷⁵⁾	U ⁽²⁷⁶⁾	U ⁽²⁷⁷⁾	U ⁽²⁷⁸⁾	U ⁽²⁷⁹⁾	U ⁽²⁸⁰⁾	U ⁽²⁸¹⁾	U ⁽²⁸²⁾	U ⁽²⁸³⁾	U ⁽²⁸⁴⁾	U ⁽²⁸⁵⁾	U ⁽²⁸⁶⁾	U ⁽²⁸⁷⁾	U ⁽²⁸⁸⁾	U ⁽²⁸⁹⁾	U ⁽²⁹⁰⁾	U ⁽²⁹¹⁾	U ⁽²⁹²⁾	U ⁽²⁹³⁾	U ⁽²⁹⁴⁾	U ⁽²⁹⁵⁾	U ⁽²⁹⁶⁾	U ⁽²⁹⁷⁾	U ⁽²⁹⁸⁾	U ⁽²⁹⁹⁾	U ^{(300)</}
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Insured selected:

Please enter the following information as it is to appear on the Certificate.

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Company Name:	<input type="text"/>		
Address 1:	<input type="text"/>		
Address 2:	<input type="text"/>		
City:	<input type="text"/>	Zip/Postal:	<input type="text"/>
State/Province:	<input type="text"/>		
Country:	<input type="text"/>		
Contact (First name):	<input type="text"/>	(Last name):	<input type="text"/>
Phone:	<input type="text"/>	Fax:	<input type="text"/>

For identification and delivery purposes, please enter your e-mail address.

E-mail: - 314

Cancel (Home Page)

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FIGURE 16

Insured:

You must select at least one type of insurance (from the first set of checkboxes).

Please select the types of insurance to be printed on the Certificate.

- 320 {
- ☐ General Liability
 - ☐ Automobile
 - ☐ Workers' Compensation
 - ☐ Excess
 - ☐ Transit Insurance

Cancellation Days (between 10 and 30): 10

Condition: Standard Cancellation

Enter the years and months you estimate you will do business with the Insured:

Years Months

General Liability Additional Insured and Vendor's: Not needed

Automobile Leasing and Financing Not needed

Other Additional Insured, Loss Payee and Mortgage Not needed

In the field below describe the project, or if you are a lessor list the location(s), or if you are an automobile lessor or loss payee list the vehicle(s). If there are many locations or many vehicles, leave the field blank. If the certificate is for vendor's coverage, please also leave blank. Please click on help for further instructions.

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Cancel (Home Page)

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Next >

FIGURE 17

Insured:

Create and obtain your certificate (you may select more than one option):

☒ Print the certificate or save the certificate to file.

☒ Send the certificate to my e-mail address:

☐ Send the certificate to another e-mail address:

Create

You may preview the certificate for accuracy (this does not create the certificate). If it is unacceptable, you may change the information *that you have entered* by clicking on the "< Prev" button at the bottom of the page.

Preview

If the certificate is still unacceptable, please explain why in the box below and then click "Insufficient". Your message will be sent to the appropriate contact for revision and then e-mailed to you.

Insufficient

Cancel (Home Page) (all data will be lost)

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General Liability Additional Insured and Vendors	Blank	Non Blank
Not Needed		[This certificate only applies to][D][.]
Additional Insured	[CH][W][IN][.]	[CH][W][IN][for][D][.]
Lessor's Additional Insured	[CH][is added as Additional Insured for General Liability but only with respect to premise leased to][IN][.]	[CH] [is added as Additional Insured for General Liability but only with respect to premise located][D][.]
Vendors Endorsement	[CH][is added as Additional Insured for General Liability subject to the){Broad Form}{Limited Form}{Blank)}[][Vendor's Endorsement.]	

FIGURE 19

Automobile Leasing and Financing	372 ↓ BLANK	374 ↓ NON BLANK
Not Needed		[This certificate only applies to][D][.]
Lessor & Additional Insured	[CH][is added as Additional Insured for vehicles leased to][IN][.]	[CH][is added as Additional Insured for][D][.]
Loss Payee	[CH][is added as Loss Payee for vehicles leased to][IN][.]	[CH][is added as Loss Payee for][D][.]
Additional Insured and Loss Payee	[CH][is added as Additional Insured and Loss Payee for vehicles leased to][IN][.]	[CH][is added as Additional Insured and Loss Payee for][D][.]

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FIGURE 20

Other Additional Insured, Loss Payee and Mortgagee	BLANK	NON BLANK
None checked		[This certificate only applies to] [D] [.]
Additional Insured	[CH] [is added as Additional Insured for] [OT] [, but only with respect to operations performed on their behalf by and due to the negligence of] [IN] [.]	[CH] [is added as Additional Insured for] [OT] [, but only with respect to operations performed on their behalf and due to the negligence of] [IN] [for] [D] [.]
Loss Payee	[CH] [is added as Loss Payee.]	[CH] [is added as Loss Payee for] [D] [.]
Additional Insured and Loss Payee	CH] [is added as Additional Insured and Loss Payee for] [OT] [, but only with respect to operations performed on their behalf by and due to the negligence of] [IN] [.]	CH] [is added as Additional Insured and Loss Payee for] [OT] [, but only with respect to operations performed on their behalf and due to the negligence of] [IN] [for] [D] [.]
Mortgagee	[CH] [is added as Mortgagee.]	[CH] [is added as Mortgagee for] [D] [.]
Additional Insured and Mortgagee	CH] [is added as Additional Insured and Mortgagee for] [OT] [, but only with respect to operations performed on their behalf by and due to the negligence of] [IN] [.]	CH] [is added as Additional Insured and Mortgagee for] [OT] [, but only with respect to operations performed on their behalf and due to the negligence of] [IN] [for] [D] [.]

FIGURE 21